

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/23/94
O.I.P.E. CLASSIFIER		12	9/29
FORMALITY REVIEW	<i>DM</i>	18223	10-4-94

12/13/94

### INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Date
Final Original	00 01 02 03 04
1	✓ ✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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